

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF USA	COURT CASE NUMBER 5:18-CR-452-FL-1
DEFENDANT Leonid Isakkovich Teyf	TYPE OF PROCESS Order granting release of seized assets
<span style="font-size: 2em; vertical-align: middle;">D</span> E C E I V E D <small>RECEIVED U.S. MARSHAL'S OFFICE, EDNC NOV 09 2019</small>	
<b>SERVE</b> { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO REMOVE OR CONFISCATE <b>AT</b> 10 items of jewelry listed more specifically in DE # 246 in the custody of the U.S. Marshals Service ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) CATS No. 19-FBI-001019	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<div style="border: 1px solid black; padding: 5px; min-height: 100px;">           MATTHEW L. FESAK            U. S. Attorney's Office            310 New Bern Avenue, Federal Building, Suite 800            Raleigh, NC 27601-1461         </div>	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold \_\_\_\_\_ Fold \_\_\_\_\_

USA: 2018V01183

Contact Leonid Isakkovich Teyf's counsel James P. McLoughlin, Jr. of Moore & Van Allen, PLLC at  
 100 North Tryon Street, Suite 4700, Charlotte NC 28202, Phone: (704) 331-1054, Email: jimmcloughlin@mvalaw.com  
 /s/ MATTHEW L. FESAK, AUSA/lg

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	919-856-4530	5/9/19

### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. <u>54</u>	District to Serve No. <u>56</u>	Signature of Authorized USMS Deputy or Clerk: <i>Open Wkly</i>	Date <u>5/9/19</u>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address ( <i>complete only different than shown above</i> )	Date <u>7/30/19</u> Time <input type="checkbox"/> am <input type="checkbox"/> pm  Signature of U.S. Marshal or Deputy <i>[Signature]</i>
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Service Fee <u>65.00</u>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <u>65.00</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>65.00</u> <u>\$0.00</u>
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REMARKS:  
*returned to attorney Hill Allen*

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FILED

PRIOR EDITIONS MAY BE USED

NOV 08 2019

Form USM-285  
Rev. 12/80

